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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 08/731,862 10/21/1996 PAT 6,030,377

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/27/2000

|                                                                                                                                                     |                                            |                                       |                      |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                                     | STATE OR<br>COUNTRY<br>MA                  | SHEETS<br>DRAWING<br><del>12</del> 12 | TOTAL<br>CLAIMS<br>3 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | EXAMINER'S SIGNATURE<br><i>[Signature]</i> | INITIALS<br><i>[Initials]</i>         |                      |                            |
| Verified and Acknowledged                                                                                                                           |                                            |                                       |                      |                            |

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## TITLE

Percutaneous myocardial revascularization marking and therapeutic or diagnostic agent delivery system

|            |                                                                                       |                                                         |
|------------|---------------------------------------------------------------------------------------|---------------------------------------------------------|
| FILING FEE | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees                       |
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